
State:	District of Columbia	Filing Company:	Travelers Casualty and Surety Company of America
TOI/Sub-TOI:	17.0 Other Liability-Occ/Claims Made/17.0000 Other Liability Sub-TOI Combinations		
Product Name:	Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-T-OTH		
Project Name/Number:	Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-T-OTH/2015-08-0020-T-OTH		

Filing at a Glance

Company:	Travelers Casualty and Surety Company of America
Product Name:	Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-T-OTH
State:	District of Columbia
TOI:	17.0 Other Liability-Occ/Claims Made
Sub-TOI:	17.0000 Other Liability Sub-TOI Combinations
Filing Type:	Form
Date Submitted:	09/01/2015
SERFF Tr Num:	TRVE-130217304
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	2015-08-0020-T-OTH
Effective Date	10/31/2015
Requested (New):	
Effective Date	10/31/2015
Requested (Renewal):	
Author(s):	Socorro Armstrong, Theresa Lavenburg, Timothy Bengston, Sandy J Olson, Linda Sperry, Stacy Mandelker, Julie Stuart
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name: Global Payment of Non-Indemnified Loss for Insured Persons 2015-08-0020-T-OTH
Project Number: 2015-08-0020-T-OTH
Reference Organization:
Reference Title:
Filing Status Changed: 09/02/2015
State Status Changed:
Created By: Linda Sperry
Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Linda Sperry

Filing Description:
Global Payment of Non-Indemnified Loss for Insured Persons
Form Filing
2015-08-0020-T-OTH

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, 3548-31194, 06-0907370

In compliance with the insurance laws and regulations of your state, we respectfully submit this form filing for your review.

This filing consists of the following new optional form:

•Global Payment of Non-Indemnified Loss For Insured Persons Endorsement, LIA-19114 Ed. 07-15 for use with our Modular program.

For more detail regarding the form and this filing, please refer to the Form Filing Memorandum included with this filing submission.

Please feel free to contact me if you have any questions or need any additional information.

Thank you for your consideration of this filing submission.

Company and Contact

Filing Contact Information

Linda Sperry, Regulatory Analyst
One Tower Square
S202B
Hartford, CT 06183

LSperry1@travelers.com
860-277-7096 [Phone]

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Filing Company Information

Travelers Casualty and Surety Company of America	CoCode: 31194	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
2S2B	Group Name:	State ID Number:
Hartford, CT 06183	FEIN Number: 06-0907370	
(860) 277-0179 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State:	District of Columbia	Filing Company:	Travelers Casualty and Surety Company of America
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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		GLOBAL PAYMENT OF NON-INDEMNIFIED LOSS FOR INSURED PERSONS ENDORSEMENT	LIA-19114 Ed. 07-15		END	New		52.000	LIA-19114-0715.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GLOBAL PAYMENT OF NON-INDEMNIFIED LOSS FOR INSURED PERSONS ENDORSEMENT

This endorsement changes the following:

Liability Coverage Terms and Conditions

It is agreed that:

The following is added to section **III. CONDITIONS**:

GLOBAL PAYMENT OF NON-INDEMNIFIED LOSS FOR INSURED PERSONS

In the event that an **Insured Person** residing in a country or jurisdiction in which the Company is not licensed incurs **Loss** that is not indemnified by the **Insured Organization**, such **Loss** will be paid in a country or jurisdiction mutually acceptable to such **Insured Person** and the Company, to the extent that doing so would not violate any applicable laws or regulations.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, exclusions, or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

Issuing Company:
Policy Number:

State:	District of Columbia	Filing Company:	Travelers Casualty and Surety Company of America
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Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Form LIA-19114 Ed. 07-15 has a Flesch Score of 53.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Form Filing Memorandum
Comments:	
Attachment(s):	Form Filing Memorandum.pdf
Item Status:	
Status Date:	

Form Filing Memorandum

Travelers may be prohibited from covering certain exposures outside the United States incurred by foreign subsidiaries of our U.S. insureds based on restrictions imposed by foreign laws that address the provision of non-admitted or unlicensed insurance. An additional challenge potentially exists for insured persons of foreign subsidiaries who have incurred non-indemnified loss because the foreign subsidiary cannot or will not indemnify the insured person for such loss.

This filing is focused on our management liability insureds with foreign subsidiaries. Keeping compliance a priority, this optional endorsement was developed for and will be used at the insured's request to clarify our intent to explore alternative options to pay non-indemnified loss incurred by insured persons of foreign subsidiaries outside of the jurisdiction in which loss was incurred, to the extent payment of such loss would not violate any applicable law or regulation.